THE RECENT PROGRESS

OF

OBSTETRIC AND GYNÆCOLOGICAL MEDICINE.

AN ADDRESS

DELIVERED IN THE

OBSTETRICAL SECTION OF THE ACADEMY OF MEDICINE IN IRELAND.

BY

THOMAS MORE MADDEN, M.D., F.R.C.S.Ed.;

PRESIDENT OF THE OBSTETRICAL SECTION, ACADEMY OF MEDICINE IN IRELAND;
OBSTETRIC PHYSICIAN, MATER MISERICORDIÆ HOSPITAL;
PHYSICIAN TO THE HOSPITAL FOR SICK CHILDREN, DUBLIN;
CONSULTING OBSTETRICIAN TO THE NATIONAL LYING-IN HOSPITAL;
CONSULTANT, DUBLIN PROVIDENT INFIRMARY;
MEMBER OF THE COLLEGE OF PHYSICIANS IN IRELAND, AND OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND;
CORRESPONDING FELLOW OF THE OBSTETRICAL SOCIETY OF EDINBURGH, AND OF THE GYNÆCOLOGICAL SOCIETY OF BOSTON;
FORMERLY EXAMINER IN OBSTETRIC MEDICINE, QUEEN'S UNIVERSITY, AND VICE-PRESIDENT, BRITISH GYNÆCOLOGICAL SOCIETY, LONDON.

DUBLIN:
FANNIN & CO., 41 GRAFTON-STREET.
LONDON: BAILLIÈRE, TINDALL, & COX.

1886.

THE RECENT PROGRESS

OF

OBSTETRIC AND GYNÆCOLOGICAL MEDICINE.

GENTLEMEN,—My first duty is to express my grateful appreciation of the honour conferred by my election to this Chair. Fully conscious as I am of inability to emulate in aught else those who have heretofore presided at our meetings, I must only venture to hope that at the expiration of my tenure of office I shall not prove to have discredited your selection by any failure in my effort to discharge the functions temporarily entrusted to me. Fortunately, however, whoever occupies this position can always count confidently on the support of his fellow-members of the Academy, as well as on the good feeling and tolerance evinced in its discussions, which no less than the importance of the subjects debated, and the ability with which they have been generally handled, has so much served to advance the twin sciences of obstetrics and gynæcology here cultivated.

During the past session there have been seven meetings of your Council and seven ordinary meetings of this Section, which were occupied by the exhibition of numerous pathological specimens of great histological interest, and by the reading of the following papers, viz.:—1st, "On Fourteen Cases of Ovariotomy," by Dr. Macan; 2nd, "Cases of suppurating Ovarian Cyst complicated by deeply-seated Pelvic Abscess," by Dr. Atthill; 3rd, "On Hemiplegia after Delivery," by Dr. Neville; 4th, "On the Treatment of Uterine Fibro-myomata," by myself; 5th, "On artificial Vesico-vaginal Fistula," by Dr. Macan; 6th, "On some Points in the Diagnosis of Pelvic Hæmatocele," by Dr. William Smyly; and 7th, "A Memoir on Intestinal Obstruction," by Dr. Purefoy. Of these communications, with one exception—viz., my own paper—it may be said that they were not unworthy of the

reputation of the Academy. But though the character of our proceedings has been thus creditable, the number of papers read here was somewhat smaller than it might have been, remembering that there were only seven communications as against ten read in the Medical, twelve in the Surgical, and twenty-four in the Pathological Sections. It is therefore to be trusted that in the coming session there may be an increase in this respect, and that our brethren throughout the country will more frequently favour us with contributions. We are, of course, well aware that in too many instances the time of medical practitioners, especially those in country districts, is so occupied by the almost incessant and ill-requited duties to which they devote their lives, as to leave scant leisure for the preparation of elaborate essays. But even the busiest has some intermission of labour, and how can these *horæ subsecivæ* be better employed than in recording the cases of interest or the practical remarks that must occasionally occur to every observant man. Such contributions would, I am sure, be gladly welcomed here, and their increased number will best prove that in the fusion of the old Dublin Obstetrical Society with the Academy of Medicine, its spirit has been renewed rather than extinguished. For as from the ashes of the fabled phœnix there sprung a new and more vigorous creation, so from the second birth of our body corporate has arisen this Academy, in the proceedings of which are manifest not only the revivified enthusiasm and energy of youth, but also a maturity of experience derived from the older associations, of which it is the fruition.

From the dawn of clinical obstetric teaching, dating from the foundation in 1745 of the Dublin Lying-in Hospital by Bartholomew Moss, down to the present time, our School of Midwifery has ever occupied a prominent position in the van of obstetric science. I therefore can see no reason why we should now sit submissively at the feet of any of those foreign accoucheurs who, having at last learned the value of methods of treatment with which we were long previously conversant, on the strength thereof are regarded as shining lights of obstetric science. Thus the "expression of the placenta," by the method with which the name of Professor Crédé of Leipzig is so generally associated, has been here constantly practised from time immemorial. The operation of version as a substitute for craniotomy, as advocated by recent English and German authorities, was first carried into effect by Sir Fielding Ould, of Dublin, in 1742, and a century sub-

sequently was revived in our Lying-in Hospital by the late Dr. M'Clintock, whose fame should endure as long as genius, erudition, and eloquence, as well as unswerving rectitude and unsurpassed obstetric skill, constitute titles to remembrance in our profession. In like manner, the preventive and the immediate reparative treatment of perinæal lacerations, the revival of the timely employment of the forceps, the prophylaxis of *post partum* hæmorrhage, and countless other improvements in the management of childbirth, the credit of which are elsewhere claimed, have all emanated from this ancient School of Midwifery. Moreover, following, as we do, in the immediate track of a Society in whose Transactions the contributions of Evory Kennedy, Montgomery, Churchill, Beatty, Ringland, and, above all, M'Clintock, are recorded, together with those of others no less distinguished, it behoves us to endeavour to imitate the untiring energy, patient research, and accurate clinical observation of which they have set the example. By so doing, even the humblest who takes part in the work of this Academy may perhaps add something to the common fund of knowledge, and so aid in the advancement of our science and the relief of the sufferings to which it is its object and our privilege to minister.

A brief retrospect of some improvements which have of late years been effected in obstetric practice, and to which the labours of the former Dublin Obstetrical Society have largely contributed, will best exemplify the prospective utility of this Section of the Academy. For example, if we briefly contrast the midwifery practice of the present day with that inculcated and acted on within the memory of those who, like myself, have approached the *mezzo del camino della nostra vita*, we shall observe that within that comparatively short period childbirth, conducted on the principles of modern science, has been largely divested of its former sufferings and dangers. Thus, by the more general employment of anæsthetics, the throes of labour have been rendered endurable. By more timely and judicious use of the forceps and other improved methods of affording assistance in difficult cases of parturition, the duration of that period of former agony has become abridged. By the employment of the means available for anticipating and warding off the occurrence of *post partum* hæmorrhage, as well as by our knowledge of the local value of perchloride of iron, for which we are indebted to Dr. Robert Barnes, as also by the use, in modern practice, of Sangrado's trusted

remedy—hot water, as now employed in the treatment of *post partum* flooding—that cause of obstetric mortality has been almost completely removed. At the same time the whilom most frequent and most serious of the dangers consequent on childbirth—viz., puerperal fever—has been strikingly obviated by the prophylactic and antiseptic precautions at present taken for its prevention. Moreover, if, as may still happen, notwithstanding these preventive measures, or where they have been disregarded, that septicæmic puerperal disorder should supervene, we are now armed with rational and effective therapeutic resources for its treatment, and are no longer in the position of helpless spectators of what to a former generation was the irresistible course of disease to its fatal issue. Lastly, by the general substitution of methods of delivery compatible with the safety of both mother and child, the proportion of cases in which embryotomic instruments are employed has been so minimised as to lead to a confident expectation that all such implements as the perforator and crotchet, cephalotribe or craniotomy forceps, will be relegated from the obstetric armamentarium to the chamber of horrors of some future museum of surgical instruments. At any rate, from the progress recently made in this respect, we have good reason to look forward to a not distant date when the great objects of obstetric science—the delivery of a living child with safety to its mother—may in every instance be still more perfectly realised than even at the present time.

DIMINISHING MORTALITY IN RECENT MIDWIFERY PRACTICE.

Now, if we come to examine the results of those improvements in modern midwifery that we have just alluded to by the light of the successive Annual Reports of the Registrar-General, we shall find much reason for congratulation, as well as for hope, that in the still more perfect obstetric practice of the future, the mortality of childbirth and the puerperal state will be yet further diminished. Thus, in the 10 years from 1861 to 1870 the deaths from childbirth and puerperal fever averaged 60 in every 100,000 women living, between the ages of 20 and 55; whilst during the 5 years 1876 to 1880 they fell to 53 in the same number of women between those ages. Not many years have elapsed since it was estimated by Dr. Matthews Duncan that the mortality occurring in connection with childbirth in these countries was something like 1 in 120 women confined. This statement, even regarding it as being a mere approximation, bears out what has been said with regard to

the diminution of childbirth mortality within the last twenty years. It has been observed by the present Registrar-General for England that this mortality is best measured by the proportion of mothers who die to the infants born in the course of the year. Therefore, taking this for our standard, we may contrast the mortality thus occasioned in the year last reported on by the Registrar-General—viz., 1883—with Dr. Matthews Duncan's former estimate, and we find that, in 1883, 6,043 women died in England and Wales after childbearing, and, presumably, from causes in connection therewith. This, in proportion to the total number of children born alive, would amount to about 6·1 maternal deaths per 1,000 births, or 1 in 230, instead of 1 in 120. Moreover, with regard to the most important cause of puerperal mortality, we learn from the recently published report of the Irish Registrar-General that the deaths registered for puerperal fever in this country last year had fallen to 300, being 63 under the average for the 10 previous years. The diminution of mortality in obstetric practice in this city is also observable in comparing the Reports of the Rotunda and Coombe Hospitals twenty years ago with those of the same institutions at the present time. Thus, in the 7 years which ended in 1864 there were 8,224 births in the Rotunda and 252 maternal deaths, or 1 in 32. During those years 3,142 deliveries took place in the Coombe Lying-in-Hospital, and 45, or 1 in 70, of those delivered therein died; whilst last year, according to the Report of the Board of Superintendence, there were 9 deaths in 1,148 deliveries in the Rotunda, or 1 in 122, and 7 deaths in 455 deliveries in the Coombe.

MORE FREQUENT EMPLOYMENT OF FORCEPS.

Of all the improvements which have thus tended to the greater safety of parturition, probably one of the most important is the more frequent and judicious use of the forceps in modern practice. I may, therefore, very briefly refer to some statistics, on which I have elsewhere[a] enlarged, in proof not only of the saving of maternal life and suffering which has resulted from the gradual re-introduction of the forceps into common use, but, still more, as showing that an increasing frequency of forceps cases may be regarded as practically synonymous with the desuetude of child-destroying instruments. Formerly the forceps was hardly ever resorted to until the parturient woman, worn out by the protracted

[a] Lectures delivered in the Dublin Lying-in-Hospital By T. More Madden, M.D. Second Edition. Dublin. 1879.

sufferings she had endured, was almost moribund, and when, too, the child was probably dead, in consequence of the long-continued pressure it had been subjected to. Thus, twenty-six years ago, Dr. J. Hall Davis, in his work "On Difficult Parturition," informs us that he only found it necessary to use the forceps on seven occasions in 7,371 deliveries, or once in every 1,053 labours. In the statistical Reports of the successive Masters of the Dublin Lying-in-Hospital, we find the most conclusive evidence of the advantage which has followed the more judicious use of the forceps in later years in that institution. During the Mastership of Dr. Joseph Clarke, from 1787 to 1794, there were 10,387 deliveries in the hospital, and the forceps was only applied in 14 of these, with 6 deaths. But the more easily used perforator and crotchet were resorted to in 49 cases, with 15 deaths. And in his private practice, extending over forty years, Dr. Clare only once attempted to use the forceps. In Dr. Labatt's Mastership, from 1815 to 1822, during which time 21,867 births took place in the hospital, the forceps does not appear to have been used in any instance. From 1826 to 1833 Dr. Collins used the forceps in 24 cases out of a total of 16,654, but employed the perforator in no less than 118 cases, with 24 deaths. From 1842 to 1845 Dr. Charles Johnson used the forceps in 18, the vectis in 16, and the perforator in 54 cases, in 6,702 deliveries. From 1847 to 1854, in Dr. Shekleton's Mastership, there were 13,748 deliveries in the Rotunda, and the forceps was now used in no less than 220 of these, and the perforation in 54. Dr. M'Clintock, who ruled the hospital from 1854 to 1861, brought the forceps into still more frequent requisition, and in his last three years of office employed it, or the vectis, in 76 cases, or once in every 60, in 3,700 deliveries, whilst the number of craniotomy cases was reduced to 5. The succeeding Master, Dr. Denham, was a still more constant advocate for the timely use of the forceps. To Dr. Johnston, the next Master, belongs the credit, however, of having brought the forceps into more frequent use than had ever previously been the case. Thus, from November, 1868, to November, 1874, in 7,027 deliveries the forceps was used in no less than 639 cases, or about once in every 11 cases, with only 39 deaths, while the proportion of craniotomy, or cephalotripsy, cases has been reduced to 29.

The foregoing statistics, as I have already said, unquestionably demonstrate that, as the forceps is used more frequently, the mortality in the cases in which it is employed diminishes; and,

secondly, also shows the happy effect of the free use of the forceps in lessening the proportion of craniotomy cases.

COMPARATIVE ADVANTAGES OF DIFFERENT FORMS OF FORCEPS, AND METHODS OF EMPLOYMENT.

Amongst the changes which have recently taken place with regard to the forceps there are two, however, which I venture to think require further consideration. The first is with regard to the early period of labour at which instrumental assistance is advocated by some authorities. The second is with regard to the complicated form of forceps introduced by M. Tarnier, and since variously modified, and largely employed by modern obstetricians. For my own part I can see no reason for instrumental assistance before the os uteri is fully dilated, except in certain cases of complex labour, where immediate delivery may be necessary for the safety of mother or child, and in which it must be unhesitatingly resorted to as soon as the os uteri is sufficiently dilatable. But if obstetric practitioners should ever come to regard it as a safe rule of practice to apply the forceps as soon as the os uteri can be sufficiently expanded to admit its introduction, which in some instances may be done before the occurrence of any true labour pains, is it not probable that the ill results of the indiscriminate and injudicious employment of this practice will outweigh all the possible benefits of its right use? The preference generally given to Tarnier's axis-traction forceps by some British, as well as by nearly all French, obstetricians over instruments such as Barnes' original double-curved, or my own short forceps, appears to me to be a mistaken one. In operative midwifery, as in any mechanical problem, it is obvious that there should be a due proportion between the power used and the resistance to be overcome, and that the force employed should be the minimum necessary to accomplish the desired effect. Now, whatever may be said to the contrary, this is certainly not the case in Tarnier's forceps, which is a needlessly complicated, unwieldy, and, for the purpose for which designed, an ill-contrived piece of mechanism. Hence, in my opinion, this instrument is by no means equal to Dr. Barnes' original forceps for any cases of difficult labour where the head is detained above the pelvic brim; nor, I will venture to add, to my own short forceps in those still more frequent instances in which, after the head has entered the pelvic cavity, assisted delivery may be expedient, as I have found in upwards of 250 cases in which I have now used this instrument.

CAUTION NECESSARY IN THE USE OF INTRA-UTERINE INJECTIONS IN THE PUERPERAL STATE.

With regard to the prophylactic use of intra-uterine aseptic injections, now advocated and employed as a rule of treatment during the puerperal state, I may observe that whilst convinced, by my own experience, of the paramount importance of thoroughly washing out the uterine cavity in cases of threatened puerperal septicæmia as the best means of warding off that danger, as well as of the value of this practice in cases where such disease has actually manifested itself, as a most efficacious method of arresting its course, I am no less persuaded of the possible risks of this procedure, which, in my opinion, should never be resorted to without necessity, and should be then carried out, not by the nurse, but by the accoucheur himself. In the course of a tolerably long experience I have had abundant evidence that intra-uterine injections, when administered by the ordinary syphon syringe, are by no means always as harmless as they are commonly supposed to be. I have elsewhere reported cases of acute metritis, uterine colic, and even of embolism, caused by this much-abused instrument, and hence I now generally recommend uterine irrigation instead of syringing. For this purpose my own irrigator (as described in the third volume of the Dublin Obstetrical Society's Proceedings, p 183) is probably as good as any other, being portable, easily employed, and readily constructed. In proof of the advisability of greater caution than some may think necessary in the use of the mercurial antiseptic intra-uterine injections, so largely employed by some obstetricians, I may here cite from the *American Journal of Obstetrics* the history, not long since reported by Dr. Partridge, of New York, of "a case of labour that had occurred at the Nursery and Child's Hospital, in which vaginal injections of bichloride of mercury, 1 to 2,000, were used, and the patient did well for three days. On the third day she had a chill, and the house surgeon gave a intra-uterine injection of the same solution. The next day there was another chill, and the injection was repeated. This was followed by bloody passages from the bowels, and death took place. Intense colitis was found *post mortem*. Dr. Partridge referred to reports of three other cases of supposed mercurial poisoning from the same cause. The patient whose case he had related died within sixty hours from the administration of the first intra-uterine douche." At the

same meeting of the New York Obstetrical Society at which the last case was referred to, Dr. Partridge also related a case in which, by mistake, a nurse threw a bichloride injection into the bladder instead of into the vagina, and severe cystitis was set up—quite as much, perhaps, from mechanical violence as from any special action of the bichloride.

RECENT DEVELOPMENT OF GYNÆCOLOGY.

Turning now to Gynæcology we will find that remarkable as has been the recent progress of obstetric medicine, still more wondrous is the contemporaneous development of gynæcology. So rapid, however, are the strides with which this youngest creation of modern medico-chirurgical science is daily advancing, and so widely extended are the boundaries of the field of practice cultivated by its followers, that it would be unprofitable, in this hurried retrospect of the progress of the work to which our Section in the Academy is devoted, to do more than merely allude to some few of the many pathological and therapeutic problems of late solved by gynæcologists, or with which they are still occupied.

To exemplify the change that has taken place in this department of medicine, even within the recollection of many here, I shall briefly contrast the faulty diagnosis and unsatisfactory treatment of most utero-ovarian diseases in my own student days with the results at present attainable from the modern science by which the crude gynæcological knowledge of twenty years ago has been so happily replaced.

At that time the interior of the living uterus was still a sealed book—a veritable *terra incognita* to uterine specialists then unprovided with any efficient means for dilating its orifice and exploring its cavity, or with any direct method of dealing with intra-uterine diseases, which, thanks to the procedures since suggested by Kidd, Atthill, and Ringland, may now be easily recognised and effectually treated. In the pre-antiseptic surgical period to which I refer it would have been impossible to foresee the realisation of that triumph of modern surgery which is now exemplified in gynæcological practice by the results of abdominal section for the removal of ovarian tumours, as well as in some other uterine, intra-peritoneal, and pelvic morbid conditions. Although the feasibility of this had been anticipated and demonstrated by Houstoun, of Glasgow, in 1701, and a century later first carried into effect with great success in America by Dr. M'Dowell,

of Louisville, as well as, subsequently, by other surgeons—foremost amongst whom were Dr. Clay, of Manchester, and Sir Spencer Wells—still, even twenty years ago these operations were hardly yet generally recognised as legitimate. Indeed, had anyone then ventured to predict that such tumours would ever be removed by any surgeon in consecutive hundreds, and even thousands, of instances, with increasing success, such an anticipation would have been regarded as the day dream of a crack-brained enthusiast. Not merely sub-peritoneal morbid conditions, but also those interstitial and submucous uterine tumours, which are now successfully treated by every gynæcologist, were then practically beyond the range of surgical interposition. In those days, too, the operative treatment of vesico-vaginal fistula, even in ordinary cases, was more generally a failure than successful. And although the proper method of dealing with such cases had been previously pointed out by Sir James Simpson and others, still down to a recent period teachers as accomplished as the late Dr. Churchill were content to advise mere palliative measures in these cases; whilst in instances of more extensive disruption of the vesico-vaginal walls, patients, who would be now curable by the plastic operations variously modified by Marion Sims, Bozeman, Emmet, Goodell, and other American surgeons, were then abandoned to lives of hopeless misery, to which death alone afforded relief.

Fifteen years ago, when Dr. Graily Hewitt recalled attention to uterine malpositions, and suggested improved means for their treatment, such flexions and displacements were imperfectly differentiated, their importance was unrecognised, and their treatment in many instances was erroneous. The physiology and pathology of menstruation only of late years becoming understood from the researches of Drs. Wiltshire and Williams, the management of its abnormalities was before then largely empirical. The bearing of cervical lacerations on pelvic pathology, as elucidated by Dr. Emmet, was previously ignored. Finally, many of the morbid conditions of the uterine appendages to which, and more especially to those of the Fallopian tubes—viz., salpingitis, pyo-salpynx, hydro-salpynx, &c., to which such importance is attached by gynæcologists at the present day, were wholly unknown and untreated a few years ago.

The practical results of the changes that have thus influenced gynæcological opinion and procedure during the last twenty years, is best estimated from the progressive diminution of female

mortality within this period, as shown by the Registrar-General's Annual Reports.

NECESSITY OF GYNÆCOLOGICAL SPECIALISM.

The prolongation of life, mitigation of suffering, and successful treatment of diseases formerly regarded as incurable and necessarily fatal, which, as just shown, have resulted from the progressive development of modern gynæcology, afford, I think, a more than sufficient answer to all the attacks of which our special branch of practice has been the object. Such accusations against medical men belonging to a class of specialists, most of whom are probably quite as honourable and highly educated as any in the profession, are very regrettable. And as Dr. Clifford Allbutt has chosen, at the last meeting of the British Medical Association, to repeat his attack on our specialism and its followers—save Dr. Playfair, whom he seems to regard as one of the few exceptions to the general class of gynæcologists—I may also be permitted here to reiterate that which I have before urged in reply to his observations—viz., that it is the veriest waste of the time of that or any other modern medical society to occupy it with declamations against the prevailing tendency to specialism in all branches of the healing art in general, and more especially directed against gynæcology. I would presume to remind our critic that in the present state of medico-chirurgical science it would be impossible for any one to cultivate equally all its component parts. Hence a division of medicine is necessitated, more especially in all large centres of population, in the interests alike of the profession and of the public, by whom it is justly supposed that physicians who confine themselves to a limited field of special practice will probably become more experienced, and be more reliable advisers therein than others can be whose practice extends equally over every branch of medicine, surgery, and obstetrics. Under these circumstances, those who now seek to oppose medical specialism, and to discredit gynæcology in particular, are attempting a task as vain as was Dame Partington's effort to keep back the advance of the Atlantic waves with her poor besom. Nor indeed can they who devote themselves to gynæcological practice be said, with any truth, to be engaged in any narrow specialism. On the contrary, at every turn those thus occupied find abundant evidence of the correlations and inseparable interlacements of peri-uterine affections with disorders of the general health; and these are no

less exemplified in the protean varieties of nervous derangement which from the most trivial manifestation of hysteria to the gravest forms of cerebro-nervous disturbance—viz., epilepsy and insanity, so frequently associated with the local diseases that come within the special province of the gynæcologist. It is therefore surely obvious that whoever would successfully pursue this calling can be no mere specialist, but must, as I have already said, be a well-educated physician in the fullest and highest sense of the term, thoroughly conversant with the principles and practice of medico-chirurgical science.

UNDUE INFLUENCE OF SYSTEMS ON PRACTICE.

It is not improbable that gynæcological practice might have made still greater advances than even those which have been referred to had not its progress been somewhat retarded by some circumstances incidental to its earlier history. Of these, one of the most important was the over-hasty generalisation by which successive discoveries and improvements, however important and valuable in certain cases, were dignified into systems, and extended to cases wholly beyond their proper sphere. The undue extension of the theories that within the past few years have mainly influenced gynæcological practice, and all of which point to different forms of exclusively local treatment in gynæcological disorders, has contributed to crowd out of notice the importance of con-stitutional treatment in conjunction with whatever special local treatment may be necessary.

ABDOMINAL SECTION.

I may here allude to the enthusiasm prevailing with regard to abdominal surgery in the treatment of malignant and other diseases of the uterus and its appendages. None can estimate the value of such operations in appropriate cases more than I do. But though I fully recognise the success which has attended the recent practice of some authorities in this branch of surgery, still I would venture to remind my younger hearers that such procedures, however successful they may be in exceptionally skilful hands, are not to be lightly undertaken by others, nor resorted to without absolute necessity, and that some cases in which abdominal sections are recommended might probably be as advantageously dealt with by medical and palliative as by surgical methods. Thus in a paper which I read here last Session, on Uterine Fibro-myomata, I endeavoured to show that in their treatment abdominal section,

although in some instances necessary, was by no means invariably indispensable. I pointed out that such tumours might occasionally be removed by enucleation per vaginam; that in other cases they could be kept in check or their symptoms obviated by purely medical means; and that in others, again, they called for no active treatment whatever. In so doing I referred to statistics published by several eminent specialists, one of whom (Mr. Lawson Tait) has since complained of being misrepresented in a passage in which, alluding to certain incomplete operations, I said—"Of these incomplete operations Mr. Lawson Tait thinks that he 'may speak with a certain amount of satisfaction,' though from whence he derives this contentment I am at a loss to understand, as his mortality in them was 50 per cent." He says—"Of one group I think I may speak with a certain amount of satisfaction, that is the group which includes thirty cases of incomplete operations, even if all that I can say is that three per cent. of incomplete operations is not a large proportion, and that I have the satisfaction of knowing that it is still on the decrease, as my experience grows."

In reply I pointed out to Mr. Tait that in the passage to which he takes exception I was referring to the rate of mortality in one particular group of cases, which was stated to be 50 per cent., and that I saw no unfairness in my not having quoted those words, of the omission of which he complains, as they do not bear on the stated mortality in that group of operations, but referred to the diminution of incomplete operations in his practice, and not to their result. In my paper and elsewhere I have fully acknowledged Mr. Tait's skill and ability, and as I feel free from any consciousness of having misrepresented his statements, I regret that he should be under the mistaken impression that I desired to do so.

MEDICAL WOMEN FOR INDIA.

Our profession knows not clime, or creed, or race, in the scope of its beneficent operations; and, therefore, over-long as this address has perhaps already been, I shall in conclusion venture to add a word on a matter which appears to me of concern to all who, as obstetric or gynæcological practitioners, are interested in the advancement of and extension of the sciences which have for their object the prevention and treatment of the sufferings and diseases peculiar to women. I refer, namely, to the recent appeal which has been made by Lady Dufferin, the worthy consort of our distinguished fellow-countryman, the Governor-General of India, in behalf of the efforts now in

progress under her auspices, for extending through the agency of duly qualified medical women the incalculable benefits of our branch of the healing art to the millions of Indian and other oriental women, who, by the prejudices of their race and creed, are still doomed to endure the pains and dangers of childbirth, and the protean forms of disease incidental to their sex, without any possibility of relief from skilled medical assistance. If, therefore, so large a portion of our fellow-creatures are thus condemned to parturient, gynæcological and other sufferings and risks from which their sisters in happier Christian countries are now freed by the aid of our science, no higher duty can devolve on us than that of co-operating as we may in this work by taking part in the training and education of those female practitioners who alone can gain admission to the sick chambers of oriental womankind.

Whatever difference of opinion may exist with regard to the expediency of women practising medicine and surgery in this country, there can be no question as to the necessity of supplying such practitioners for the purpose of attending their own sex in lands where no other skilled aid is admissible. The medical corporations of this city have been amongst the first to admit women to their diplomas, and our Academy has followed their example by receiving within its fellowship, irrespective of sex, all who may be qualified for that honour. No place can afford larger facilities than are here available in our great hospitals for the fitting education of women for this most important work; and I am confident that in the institutions with which so many of us are officially connected, as gynæcologists or obstetricians, every possible encouragement and assistance will be afforded to any ladies who may therein seek to qualify themselves for such a mission of mercy to the countless women who, in India and elsewhere, have hitherto been beyond all reach of the ministrations of our noble calling.

It now only remains for me, gentlemen, to thank you again not only for the honour you have done me in placing me in the position of your President, but also for the patience and apparent interest with which you have borne with the observations with which I have occupied your time.